

statement, we must not forget that an animal suffering from suppurative periostitis would probably be destroyed whilst the disease was at its earliest stage. Museum specimens may thus be no fair test as to the relative frequency of this disease in animals and in man; we believe, however, that the relative infrequency referred to is proved by clinical observation also. The museum contains a single specimen of necrosis of a rib, in which the conditions remarkably resemble those frequently seen in the limb bones of man. Periostitis of the metacarpal bones is commonest on the inner side of the leg, somewhat less common on the outer side, and rare in front. It very often involves the interosseous ligament or membrane which, in the horse, unites the two lesser to the central large metacarpal. This form of ossification of membrane and periostitis is called a "splint;" it is caused chiefly by concussion. Outgrowths of bone about various parts of the phalanges and ossification of the lateral cartilages of the ungual phalanx receive the names of "ring-bones" and "side-bones." Spavin is the name given to outgrowth of bone, generally accompanied by more or less ossification of ligaments, and sometimes by ulceration of articular cartilage on the inner side of the tarsus; the disease generally begins about the inner cuneiform bone, and is caused chiefly by the straining and twisting to which the hock joint is liable. Outgrowth of bone from the front surface of the metatarsal bone receives the name of "sore-shin," and is commonest in young racers.

Unreduced Dislocation at the Hip Joint.—The only specimen relating to dislocation in the museum is one from a horse, showing an unreduced dislocation at the hip-joint. The animal had been allowed to live for a long period after the accident, and the head of the femur is deeply grooved by attrition on the edge of the acetabulum. The animal must have been very lame, and was probably kept alive for some special purpose.

Rarity of Specimens of Joint-Disease.—Although certain forms of joint-disease are common in the lower animals, yet we find that they are but scantily illustrated either at this museum or at that of the Royal Veterinary College, Camden Town, excepting in the case of "navicular disease" specimens of which are to be seen at both. In this disease there is ulceration of the cartilage on the under surface of the navicular bone, in most cases that of the fore foot being selected; the tendon which plays over this bone often participates in the disease by becoming inflamed, softened, and adherent to the bone, and it occasionally ruptures. In well-selected cases neurotomy gives more or less permanent relief to the lameness of navicular disease. (The navicular bone, if it existed in man, would be found underneath the flexor perforans tendon close to its insertion into the terminal phalanx, the phalanx on which the horse stands.)

SELECTIONS FROM JOURNALS.

NEW METHOD OF TREATING DILATATION OF THE STOMACH BY MEANS OF THE STOMACH-PUMP.—Professor A. Kussmaul of Freiburg has lately published an important paper on this subject. He was first induced to try the effect of emptying and washing out the stomach by means of the stomach-pump in the following case. A peasant girl, aged 25, who for years had shown symptoms of dilatation of the stomach, due probably to an ulcer at the pylorus, was admitted into the University Hospital at Freiburg in April 1867. She was very much emaciated, and her abdomen was much enlarged, evidently from great distension of the stomach, the peristaltic movements of which could be seen. Every day she vomited, once or several times, two and a half or three and a half pints of the intensely acid contents of the stomach, containing sarcinae. When, after the vomiting, the stomach was more empty, a small tumour could several times be felt in the pyloric region. As no decisive improvement was obtained by careful treatment continued for several months, the pain, the vomiting, and the distress preceding it continuing unabated, and as palpation and percussion showed that, even after large quantities had been vomited, a considerable portion of the contents still remained in the stomach, it occurred to Professor Kussmaul to empty it by means of the stomach-pump. He thought this proceeding could not be accompanied by greater discomfort to the patient than the vomiting; that, by being repeated at regular intervals, it might give some chance to the muscular powers of the stomach to recover themselves; and that it would further give an opportunity of directly applying remedies to the mucous membrane, after the stomach had been emptied and washed out. On the first occasion, on July 22nd, more than five pints of acid contents were brought out by the stomach-pump, and the stomach was afterwards washed out with Vichy water. Great relief, lasting for several days, followed immediately upon this operation. It was then repeated whenever the symp-

toms called for it, which was less and less frequently the case; and the quantity which was pumped out became also less at every new operation. She now rapidly began to improve; the bowels again acted by themselves; and on December 12th, when she was discharged, she had, since the commencement of the pump-treatment, gained twenty-three pounds in weight. No signs of distension of the stomach could then be detected; and even ordinary food was borne. She came twice afterwards under observation in 1868 and 1869 for different complaints; but her stomach had continued well. Professor Kussmaul has since employed this method of treatment in a number of cases, and in several of them with the same striking results. Relief only, but no cure, can be expected—1, in cases of cancerous stricture of the pylorus; 2, if the pylorus be very considerably contracted by a cicatrix; 3, if, with even a moderate stricture, the walls of the stomach have, in consequence of the chronic gastritis, undergone a permanent degeneration. The paper contains many other points of great interest.—*Deutsches Archiv für Klinische Medizin*, vol. vi, p. 455.

EXCISION OF THE SCAPULA.—A case of this operation is related by Dr. M. Schuppert in the *New Orleans Journal of Medicine* for January. The patient, Theresa Bastian, a German woman, had a large tumour involving the right scapula. She had previously—in 1859, 1866, and 1867—undergone three operations in Germany for the removal of tumours in this part. The tumour returned; and when she came under Dr. Schuppert's care, the motions of the arm were much impeded, and she suffered much pain. The cicatrices of the former operations were bluish, smooth, thin, and freely moveable. Chloroform having been given, an incision was made from the acromion process over the most prominent part of the tumour to near the spinal column; and this incision was bisected by another over the middle of the tumour. The acromion was sawn across; the head of the humerus was dislocated inwards by rotation; and the scapula was dissected away, commencing at the glenoid cavity. All that remained in place of the subscapularis muscle was some cellular tissue. There was little hæmorrhage; no arteries required ligature. The patient suffered for some days from nausea and vomiting, ascribed to the chloroform. In the course of the healing of the wound, there was much suppuration, and two abscesses formed in the arm. The wound was daily syringed with glycerine containing one-tenth of carbolic acid. The operation was performed on March 30th, 1868; and on June 10th the last secreting opening had closed. Eighteen months after the operation, there was no sign of re-appearance of the disease; and the woman could lift with the arm a weight of thirty pounds, and throw it to some distance. The tumour weighed nearly six pounds; it occupied the whole scapula except about a third of the spine, a small part of the coracoid process, and the glenoid cavity. It consisted of hyaline and fibro-cartilage, with deposits of carbonate of lime in the interstices.

REVIEWS AND NOTICES.

THE PATHOLOGY AND THERAPEUTICS OF MENTAL DISEASES. By J. L. C. SCHROEDER VAN DER KOLK, Professor of Physiology in the University of Utrecht. Translated from the German by JAMES T. RUDALL, F.R.C.S.-Eng., Surgeon to the Melbourne Hospital. London: John Churchill and Sons. 1870.

THE fundamental idea of SCHROEDER VAN DER KOLK is, that psychological theories of insanity were not in themselves sufficient to lead to a correct understanding and treatment of mental disease; and, while insisting upon the necessity of psychological therapeutics in the management of the disorder, especially at the commencement of the malady, he urges the absolute importance of a searching investigation into the bodily condition of the patient. He says: "As many pathological changes are met with in the thoracic and abdominal organs in the bodies of the insane, the difficult question arises, Which of these alterations are only accidental or secondary, and what others stand in more direct causal connexion with the insanity?"

It is perfectly in accordance with daily observation that morbid perceptions, giving rise to illusion and hallucination, have their origin in physical conditions; and that insane patients are so accustomed to mix up morbid perceptions with confused ideas, that, unless the physician specially direct his attention to the comprehension and unravelling of incoherent jargon and seemingly illogical and irrational conversation, he may have no clue to any pathological change; and, on account of the slightness of the evidences of somatic lesions, he may fail altogether in discovering any. Hence it has arisen that some have considered insanity an injury of mind, rather than a somatic affection disturbing the brain, and through it the mental faculty. Schroeder van der Kolk

brought within the very narrow limits which legitimately belong to it. Let me chronicle some facts.

The mortality in Paris from small-pox in the week ending April 2nd was 103; in the week ending April 8th, it was 118. This is the greatest mortality in any one week since the epidemic began. The next highest figure was 112, as recorded in one of my previous letters.

The medical officers of the Bureau de Bienfaisance of the Seventh Arrondissement have unanimously adopted and signed the following declaration in favour of arm-to-arm vaccination.

"We, the undersigned medical officers of the Bureau de Bienfaisance of the Seventh Arrondissement, after examining, watching, and comparing the results of the vaccination service established at the *mairie* of the Seventh Arrondissement with vaccine lymph taken from the heifer, are of opinion that the results are most unsatisfactory, even in the case of infants; and that this system ought to be discontinued; and request that Jennerian lymph be placed at their disposal, upon condition that the subject from whom it has been taken be examined by one of their number."

This looks like a return to sobriety and common sense. At the same time, it must be clearly kept in mind that the *absurd manner* in which a great part of the heiferian vaccination has been carried on during the late and still existing panic is not an inherent part of the heiferian system; and that, if the arrangements had been better, the failure might have been less complete. I believe that, in thousands of cases, persons have been revaccinated only nominally; that not only has no vaccine lymph in many cases been introduced in the operation, but that none even has been used—the supposed vaccine lymph being merely a serous and non-specific exudation from a sore on the animal. In several cases I have obtained, within the last few days, most perfect specimens of the cowpock in persons who had had only a little irritation produced in the arm and axilla by misnamed "revaccination". Some of the lymph which I used in these cases was obtained from London, and some of it from infants whom I had vaccinated with London lymph.

Dr. Lanoix and others, I see, continue to advertise their days and hours of vaccinating from the heifer. In many cases, the lymph, the serum, or whatever it may be, is transferred direct, and in presence of the person operated on, from the sore on the animal to the scratches or pricks on the arm. This is the *ne plus ultra* of the present Parisian fashion in vaccination—that for which the highest fees are charged. I gave you, in a former letter, some specimens of vaccination-advertising in French. I now add one in English. It appeared in *Galignani's Messenger*.

"Vaccination will take place on every Tuesday, at 3 P.M., at the office of Dr. Thierry-Mieg, 57, Boulevard Haussmann, Paris."

You will observe that the heifer is not named as the attraction. **SERIOUS ILLNESS OF PROFESSOR DOLBEAU.**—Since the beginning of the March *trimestre*, for which date the opening of Professor Dolbeau's course on Surgery was announced at the School of Medicine, he has been confined by a dangerous illness. His duties at the Hôpital Beaujon have been performed by a substitute, but no one has lectured for him on Surgery at the School. On Wednesday, the 6th, *Figaro* announced that the professor was in imminent danger, alleging at the same time that he was suffering from "diaphragmatic pleurisy, pericarditis, and pneumonia." The effect of this statement was to send crowds of inquirers to Professor Dolbeau's residence. On the following morning—chiefly, I believe, to allay the anxieties evoked by *Figaro*—the following bulletin, signed by Professor Béhier and Dr. Millard, appeared in the newspapers: "M. Dolbeau has passed a better night. Some of his symptoms have assumed a more favourable character." In reply to my inquiries yesterday, I was told that he was somewhat in an improving state, though still in a condition of considerable danger.

LUNACY PHYSICIANS AND THE CONCOURS.—The Ministry are favourable to a proposal, recently pressed upon them, to make the future appointments of the physicians to the hospitals for lunatics be decided by *Concours*, as is the case at present in those of all hospitals except lunatic hospitals. It is said that the decree is ready for the Emperor's signature.

BIRTH ON THE ROAD.—A young woman, whilst walking between Falmouth and the Union Workhouse on Friday afternoon, gave birth to a child in the public road. The child was wrapped up in a piece of cloth, and the mother, carrying it in her arms, walked to the Union Workhouse, a mile distant, where she was received and taken care of. Her parents, who are said to be "respectable", live at Falmouth; but, on ascertaining her condition, they dismissed her from their house when on the eve of being confined, and she was on the road leading to the workhouse—(we presume on the same day)—when the child was born.—*Devon Weekly Times*.

ASSOCIATION INTELLIGENCE.

CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the County Hotel, Carlisle, on Wednesday, April 20th, at 12.30 P.M. President: M. W. TAYLOR, M.D.; President-elect: T. F. L'ANSON, M.D.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends. HENRY BARNES, M.D., *Honorary Secretary*.

Carlisle, March 24th, 1870.

METROPOLITAN COUNTIES BRANCH.

A SPECIAL GENERAL MEETING of this Branch will be held at the office of the Royal Medical Benevolent College, 37, Soho Square, on Thursday, April 21st, at 4 P.M., to consider the question of Medical Reform. The following resolutions will be submitted to the meeting.

1. That this meeting strongly approves of those parts of the Government Bill which concern the establishment of single Examining Boards in each of the three kingdoms, and the enlargement of the powers of the Medical Council in reference to the compulsory formation of such Boards, and the supervision of the curriculum of students and of the details of examinations.

2. That this meeting is, however, of opinion that it is unwise to confer additional powers on the Medical Council, without at the same time taking measures to improve the method of electing its members and of securing a wider representation of the profession; and it greatly regrets the omission from the proposed Bill of all provision for this object.

3. This meeting is also of opinion that the fees for examination at the three national Boards proposed to be established should be uniform; and that every means possible should be taken for making the examinations uniform also.

N.B.—In consequence of the adjourned meeting of the Fellows and Members of the Royal College of Surgeons having been fixed for Friday the 22nd, it has been necessary to alter the day of meeting of the Branch from that of which notice was given last week.

An ORDINARY MEETING of the Branch will be held at the rooms of the Medical Society of London on Friday, April 29th, at 8 P.M., when Dr. J. FORD ANDERSON will read a paper on the working of Provident Dispensaries.

A. P. STEWART, M.D. } *Honorary Secretaries.*
ALEXANDER HENRY, M.D. }

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting of the above Branch is appointed to be held at the Union House, Dartford, on Tuesday, April 26th, at 4.30 P.M.

Dinner will be provided at the Bull Hotel at 6 P.M.

FREDERICK JAMES BROWN, M.D., *Hon. Secretary*.

Rochester, April 12th, 1870.

METROPOLITAN COUNTIES BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held at the rooms of the Medical Society of London, on March 30th, at 8 P.M.; GEORGE JOHNSON, M.D., President, in the Chair.

Hypertrophy of Small Arteries.—The PRESIDENT read a paper on Hypertrophy of the Arteries in cases of Chronic Bright's Disease, and exhibited under microscopes specimens of the changes undergone in the arteries of the kidneys, skin, muscles, and pia mater. The paper is published at p. 381.—In reply to a question from Dr. ARMSTRONG (Gravesend), as to treatment, Dr. JOHNSON said that he had found packing in wet sheets to be more effectual than the hot-air bath in producing diaphoresis, and much less distressing to the patients.—Surgeon-Major FARQUHAR referred to the evident fullness of the cutaneous vessels in the hot stage of ague, and asked for an explanation of the reason why sweating did not then occur.—Dr. JOHNSON said that with over-filled vessels there might be a retarded flow of blood. Fullness of the vessels was often accompanied by scanty secretion.—Dr. STEWART had at first been sceptical as to the correctness of Dr. Johnson's observations; but, after examination, he found his objections untenable, and he now considered that a new fact had been added to medical science.

He had for many years been struck with the peculiar character of the pulse in cases of chronic Bright's disease, and had been puzzled with the difficulty of producing diaphoresis in some cases. In not a few instances, it was impossible to produce perspiration, and the patients came out of the hot-air bath with a burning dry skin—worse, indeed, than when they entered it. Dr. JOHNSON's explanation of this seemed very satisfactory.—Surgeon-major FARQUHAR referred to the successful treatment of heat-apoplexy by pouring cold water on the patient.—Mr. SEDGWICK asked as to the hypertrophy of the longitudinal fibres in the vessels of the kidney. Was it intended to allow a more continued flow of blood?—Dr. JOHNSON said that he could not explain the presence of this. Referring to the so-called "amyloid" or waxy degeneration, he said that he had found the hypertrophy of the arteries in the early stage, before degeneration appeared.—Mr. HUTCHINSON asked whether any aneurismal dilatation, or obstruction, of the small arteries, had been observed.—Dr. JOHNSON said that the condition appeared to be genuine hypertrophy; there was no aneurismal dilatation. He had seen the arteries in the kidney obstructed with fatty particles, probably arising from changes in blood which had become stagnant. In reply to a question from Dr. CHOLMELEY, he said that, although the blood was morbid, it was not so far so as to interfere with the formation of healthy tissue.

Medical Reform.—Mr. HUTCHINSON asked whether it was not advisable that the Association should take an active part with reference to medical reform. Much good might be done by the discussion of certain questions; and a permanent Committee might be appointed to watch the course of proposed legislation. He suggested that a special meeting should be held at an early date.—Mr. LORD said that the suggestion was no doubt an important one, but he did not think that members would attend the meeting.—Dr. HENRY said that, formerly, the medical reform question was fully discussed in the Branch; and a Committee was appointed, which acted for some years. He proposed—"That the Council be requested to take the necessary steps for holding a special general meeting of the Branch at an early date, for the purpose of considering the present aspect of medical reform."—Dr. STEWART seconded the motion, which was carried.

Hospital Reform.—A discussion, in which Mr. Hutchinson, Dr. Stewart, Dr. Cholmeley, Mr. Lord, Mr. Rivington, Dr. John Murray, and Dr. Henry joined, took place as to the Committee on Hospitals which was formed at a general meeting of the Branch in 1869. Mr. RIVINGTON proposed, Dr. HENRY seconded, and it was resolved—"That the Committee on Hospitals, appointed at the general meeting on March 17th, 1869, be reappointed, with power to add to their number; and that the Secretaries call a meeting of the Committee at an early period."

A vote of thanks to the President having been passed, the meeting separated.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEETING.

THE March meeting of members of the East Sussex district, was held at the "Sussex," Tunbridge Wells, on March 16th; J. MILNER BARRY, M.D., in the Chair. There were present seventeen members, and two visitors, Mr. Frederick Manser (Tunbridge Wells), and Mr. Alfred Charlton (Southborough), who were nominated as members.

Next Meeting.—Dr. WARDELL proposed, and Mr. W. WALLIS seconded, that the meeting in May take place at Hastings, and that Dr. Underwood be requested to take the chair.

Papers.—The following papers were read. 1. On Simple Gastric Ulcer, by J. R. Wardell, M.D. The causes of simple ulceration of the stomach, he believed, were not unfrequently emboli, which were followed by local destruction of the tunics, precisely as when an embolus blocks up an arterial branch in the brain, the liver, or the spleen. The case of a man was given, and the stomach exhibited, where perforation had occurred. The opening was in the greater curvature, and towards the pyloric end. The patient died in a few hours, from hæmatemesis. Dr. Wardell observed that the place of rupture was uncommon, and that such sudden death by hæmorrhage, in this disease, was very rare.

2. Dr. Wardell narrated some cases of Uræmic Poisoning, in which the typhoid phenomena were marked. He compared the symptoms of these examples with the symptoms of typhus in the advanced stage, and showed how difficult it is in certain instances to distinguish the two diseases. The conclusion arrived at was, that in uræmic toxæmia the degree of animal heat is, as the rule, below, not above, the physiological standard; but that in fever the temperature is always higher than 98 deg., and that the employment of the thermometer is a most valuable aid in arriving at a correct diagnosis, when there is doubt in deciding, between these complaints.

3. On Rubicella or Epidemic Roseola, by J. Milner Barry, M.D. The author made some preliminary remarks on the occurrence of anomalous exanthematous affections. He referred to the epidemics described by Dr. Copland and Dr. Aitken, under the title of "Rubeola," and expressed his disbelief in the existence of a hybrid of scarlet fever and measles, attributing such irregular forms of eruptive fevers to the coetaneous presence of contagion from both diseases. The author then related the particulars of a group of cases of contagious roseola, which came under his notice in May 1869. From a consideration of these cases, and others which had occurred in his practice, he came to the conclusion that this roseola had the characteristics of a special eruptive fever, having affinities with measles, but not to be confounded with that disease. He was of opinion that epidemic roseola bears the same analogy to measles that chicken-pox does to small-pox. As varicella is suggestive of affinity with variola, he had adopted the name of "rubicella," as a diminutive to denote the relationship of contagious roseola to rubeola vulgaris, and yet to keep the diseases apart. He considered rubicella to be identical with rubeola *sine catarrho*; and had gradually arrived at the conviction, that rubeola *sine catarrho* ought to be eliminated altogether from the category of measles, and transferred to the domain of rubicella. He thought it probable that, in many instances, roseola infantilis and roseola æstiva are cases of rubicella in a sporadic form. The best accounts of the complaint which he had lately met with, were those contained in the article on "Rougeole," in Trousseau's *Clinique Médicale*; in the excellent essay on *Epidemic Roseola*, by Mr. Squire, in the BRITISH MEDICAL JOURNAL for January 29th, 1870; and in the leading article on undiscovered exanthems in that JOURNAL for January 15th. There was some discussion as to the contagious nature of rubicella, in which several gentlemen took part.

4. Encephaloid Disease of the Testicle in an Infant, by G. F. Hodgson, Esq. On June 1st, Mr. Hodgson was asked to see a child, aged 16 months, who had a swelling in the scrotum, much the size and shape of a goose's egg, smooth, tense, semi-fluctuating, and not translucent. The boy was enormously fat, and was still at the breast. His parents appeared healthy, and there was no family history of malignant disease. A trocar let out only a little blood. Chloroform was given, and the testicle was excised. On section, it was found to be encephaloid. It was forwarded to Mr. Paget, who in a day or two wrote: "He thought it a remarkably good specimen of medullary disease of the testicle; and, at so early an age, it was certainly very rare. The present want of family history did not tell much, as either parent, or both (being young), might yet have cancer." The child quickly recovered from the operation, the wound being healed by the sixteenth day. It continued fat and hearty as usual for nearly five months, when the appetite failed, and it quickly became thinner; a thickening was detectable in the inguinal canal, and a small tumour in the correspondiag side of the abdomen. This increased rapidly, until it occupied all that side of the abdomen; the child wasted, and died five and a half months after the operation. On a *post mortem* examination, the thickening of the canal and the abdominal tumour were found connected. The mass, on removal, weighed a little over a pound, and presented the same characters as the diseased testicle had done.

5. Mr. Hodgson related a case of Medullary Disease of an Undescended Testicle in the groin, and showed plates of the same.

6. Mr. Fenn (Fletching) read some notes on a case of Intestinal Obstruction, which he had under treatment at the time. The patient, a carrier, aged 48, was first seen February 9th, 1870, when he stated that there had been no action of the bowels since February 5th, although he had taken aperient medicine. Croton oil was administered, and afterwards injections. No relief being obtained, a grain of opium with colocynth pill was given every four hours. The magneto-electric apparatus was also tried, and the hypodermic injection of solution of atropia. Latterly, the treatment employed was soap and water injections in the morning, which brought away a very little fluid evacuation with occasionally some scybale, and a beef-tea injection with a drachm of tincture of opium at night, which generally procured a good night's rest. The abdomen was much distended, but not very tender on pressure. The pain was sometimes severe; sometimes he was tolerably easy. On some days he was sick once only, and at other times everything taken by the stomach has been rejected. He continued in the same state when the case was related (March 16th). On March 19th, he had more pain. A tobacco-injection was administered, which he only retained a few minutes. He was then easier and had a good night. He continued about the same till the morning of the 22nd, when, having had a very good night, he expressed himself as feeling much better, and thought he was getting well. Between 9 and 10 o'clock, P.M., however, severe pain came on, which increased till the time of his death, at 2 o'clock, P.M., of the same day. A *post mortem* examination was made forty-two hours after death. The whole of the intestines were very much dis-

tended with flatus, particularly the colon which exhibited patches of congestion in several parts. A little above the sigmoid flexure a firm unyielding stricture was found, caused by a thickening of the coats of the bowel to the extent of about one inch, and leaving a passage scarcely large enough to admit a small tobacco-pipe. The thickened portion, when cut into, was of a greyish colour and very firm, probably malignant. Immediately above the stricture, a perforation of the bowel had taken place, the aperture being about the size of a shilling, and the mucous membrane around being much congested and thickened.

Dinner was provided at 5.30, at which nineteen gentlemen were present.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 22ND.

GEORGE BURROWS, M.D., F.R.S., President, in the Chair.

ON IDIOPATHIC GENERAL CEREBRITIS. BY CHARLES ELAM, M.D.

THE object of the paper was to indicate the existence of a special inflammatory affection of the substance of the brain, not complicated by any altered condition of the meninges, and differing widely in most of its essential characters from any form of cerebritis or encephalitis hitherto described in systematic works on the subject. This was called "General Acute Idiopathic Cerebritis." Its principal phenomena, positive and negative, were these: uniformity in its commencement, beginning with vomiting; uniformity in its termination, ending with death. Its duration was from thirty-six hours to twelve days. Its progress was remarkable from the absence of the striking phenomena that generally characterise compound cerebritis—that is, the form that is accompanied by meningitis. There was no convulsion, no paralysis, but little delirium, and that mild and transitory, and coma only supervened shortly before death, as it might do in many general affections. Three cases were selected from a number as illustrations, with brief details of the *post mortem* examinations. This sketch was intended to supply a link in our nosological system, which, as it appeared to the author, had been in great measure, if not altogether, hitherto missing.

Dr. CLIFFORD ALLBUTT remarked that, although in one of Dr. Elam's cases there was much disintegration of the brain, this was not found in the other two; and therefore he was in a difficulty as to the nature of the change. He supposed that in the terms brain and cerebrum the author included the hemispheres only, and that the mesencephalon was healthy. He doubted whether the disease in all the cases could be described as cerebritis. Supposing that inflammation were defined as consisting in proliferation of the cellular tissue, he did not know whether Dr. Elam meant to imply the presence of this. He had never met with partial cerebritis unless in the neuroglia at the margins of morbid growths; in other states, he had not found true proliferation. The paper was of interest in connection with his own researches on optic neuritis in brain-disease.—Dr. BASTIAN considered that the presence of acute cerebritis was not demonstrated in Dr. Elam's cases. The three cases did not agree; in one there was hyperæmia; in the second, general softening; and in the third, induration. In the second case, which perhaps was most in favour of the author's view, the only point of importance was the presence of exudation-corpuscles; these, however, were not evidences of inflammation only, but also of other morbid states, and were found in cases of non-inflammatory softening. We must look on inflammation with reference to its causes, and according to the changes in the organs induced by affections of the tissue-elements, of the nerves, or of the bloodvessels. Dr. Elam appeared to him to describe the disease as if the brain were a single organ; but surely affections of different parts of the brain must produce different symptoms.—Dr. RADCLIFFE said that all physicians had seen cases where the brain was much injected, and which were therefore described as examples of cerebritis. The symptoms in the cases described by Dr. Elam were not peculiar; sickness and general dulness were met with in other grave brain-diseases.—Dr. WYNN WILLIAMS had occasionally seen cases of the kind occurring from blood-poisoning after confinement.—Dr. HABERSHON had seen several cases at Guy's Hospital which were supposed during life to be examples of tubercular meningitis, but where there was found much softening, without any tubercle or deposition of lymph on the surface. In a case under Mr. Aston Key, which somewhat resembled the third of those related by Dr. Elam, there was considerable dulness, and death occurred in forty-eight hours. The brain presented many minute vascular points; and a number of the minute capillaries had given way, evidently from ob-

struction. In the present day, embolism would no doubt have been found. He doubted whether any of the cases related as instances of inflammation of the brain occurred independently of a stromous or some other condition affecting the general system.—Dr. BASTIAN had frequently found an increased number of red points to arise from obstruction of capillaries, in cases where death occurred with obscure cerebral symptoms. The obstruction apparently arose from an albuminoid deposit during life; similar obstructions were found in other parts of the body, and were accompanied by a growth of fibroid tissue around the vessels. There seemed to be a greater tendency to the deposition of solid matter from the blood in some organs than in others. This was probably connected with the nutritional changes in the various parts.—Dr. ELAM, in reply, said that the morbid appearances described were met with through the whole brain, the ganglia included. The amount of softening was very great in the second case, which had lasted twelve days; and it might have been as great in the first case if the patient had lived sufficiently long. He could scarcely conceive what the disease in his cases was, if it were not inflammation; he thought, however, that he had given reasons for placing them in a distinct nosological category.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 15TH, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

A REPORT, by Dr. Hilton Fagge and Dr. Tilbury Fox, on Mr. Squire's case of Ichthyosis, was read. The appearances were mostly produced by epidermal scales.

Dr. BRISTOWE read a report on the Concretions from the Appendix Vermiformis exhibited by Dr. Ferguson. He had found them to consist of indigestible vegetable matter.

A report was read from Dr. Murchison and Dr. Bristowe on Dr. Payne's specimen of Pulmonary Obstruction. They considered he case one of thrombosis.

Dr. PAYNE brought forward several specimens of Tumours from the Liver, supposed to be syphilitic, and read notes of a third case. The tumours were hard, dry, white masses, which were surrounded by fibrous tissue, forming a kind of capsule. They were quite different from any form of cancer, tubercle, or lymphatic growths. Their structure was found, on microscopical examination, to be almost amorphous, the masses being composed of granular matter, with some indistinct fibrillation. The capsule was composed of dense connective tissue, and there was in all cases some extension of connective tissue growth into the neighbouring parts. The first case, that of a man, presented during life all the symptoms of ordinary cirrhosis. In his case, the liver was generally granular and hard. There was constitutional syphilis. In the second case, the patient died of large fatty kidney. The general structure of the liver was found to be unaffected. There was no history of syphilis. In the third case, there was more contraction and puckering of the liver than in the other two, but the appearance of the tumours was equally characteristic. The patient had died from the effects of an accident, complicated with disease of the kidneys. No history of syphilis was obtained. There were no essential differences in the appearance of all these tumours, which were precisely what have been described by Dittrich, Wilks, and many other pathologists, as syphilitic growths. The peculiarities of their minute structure were regarded (in accordance with the views of Virchow) as depending upon the formation and early decay of a fibrous structure, the homogeneous and amorphous character of the central parts being considered as evidence of degeneration rather than of incomplete organisation.—Dr. MURCHISON considered them to be undoubted specimens of syphilitic nodule.—Mr. HENRY ARNOTT had found early syphilitic growths to be very vascular. The appearance of these nodules were various. He had observed in one case a strong resemblance to lymphoma.—Referred to Mr. Arnott and Dr. Fagge.

Mr. HENRY MORRIS exhibited a specimen of Syphilitic Disease of the Liver, from a female aged 20, who had been under the care of Mr. De Morgan in the Middlesex Hospital. The history led to the inference that the syphilis was congenital, and not acquired. There was general peritonitis, amyloid disease of the spleen and kidneys, and several gummy nodules, which presented many corpuscular elements. There was albuminoid change in the organs. The nasal bones were destroyed from disease of two years' standing.—Referred.

Mr. NUNN brought forward a specimen of Molluscum Contagiosum. It was composed of a cellular and a fibrous element. He considered it to be due to the contact of the secretion in subacute inflammation of persons suffering from secondary syphilis with some soft part of the skin, as the thigh. He differed from those who supposed it to be hypertrophy

of the skin. Mr. Hulke, Dr. Bristowe, and Dr. Payne, had been unable to connect the disease with syphilis. Mr. Nunn guarded himself against the idea that it was purely the result of syphilis, but of the transplanted corpuscular discharge of subacute inflammation.

Mr. NUNN also exhibited a remarkable case of Cancer of the Lung in which there was a cystiform development in the scar three years after operation, and a second growth in the axilla. The lung became afterwards affected by a similar growth.

Dr. MOXON exhibited a specimen of Syphilitic Disease of the Heart from a man who died suddenly in the street. There were fibroid deposits in the wall of the left ventricle. The left lobe of the liver was transformed into a shrivelled mass, and the diaphragm was in a bacony condition. There were several nodes in the tibia, but no cicatrices on the penis.

Dr. MOXON exhibited an extreme case of Ulcerative Endocarditis taken from the body of a woman who died a month after delivery. There were purpuric spots over the body, and some pyæmic abscesses in the lungs.

Dr. C. T. WILLIAMS brought forward a specimen of Disease of the Aortic Valves. One of the valves was attached lower down than the others, and hung down like a tongue. There was aortic regurgitation, and a peculiar musical murmur was heard during life, the musical character being probably due to the vibration of the smooth valve.

Mr. HOLMES exhibited for Mr. Williams of Norwich a cast of a Vesical Calculus of great size, which had been removed from the body of Sir Thomas Adams, an alderman in the time of Charles II. He was able to move about until the day of his death in 1667, when he was killed by an accident in his 81st year. The stone was presented to St. Thomas's Hospital. It weighed twenty-five ounces, was ten and a half inches in its long, and eight and a half inches in its short, circumference; its length was four and a half and its breadth three and a half inches. It had been examined by Mr. Stewart, and found to consist of uric acid, with urate of lime, but there were no phosphates, showing that the bladder had been healthy.—Mr. DE MORGAN had seen at Canterbury two enormous calculi, which had overlapped each other and filled up the bladder, removed from the body of a patient who had died of fever. The patient had complained of no symptoms during life.

Mr. HOLMES showed a specimen illustrating the results of Potassa cum Calce in the treatment of carious bones in a boy, as recommended by Mr. Fitzpatrick. A large cavity had been made after the fourth application, but fatal pyæmia ensued after using the remedy a fifth time. The disease was found to have been nothing like removed. Osteomyelitis had not been produced, and Mr. Holmes had been unable to account for the mechanism of the pyæmia.

PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, MARCH 26TH.

MR. TUFNELL reported a case of Embolism of the Popliteal Artery, which occurred as a consequence of aortic valve disease. The history was that of acute rheumatism, cardiac complication, and subsequent valvular lesion. The patient, about 25 years of age, one day complained of excessive pain in his leg, accompanied by a feeling of coldness. No pulsation could be detected in the large arteries of the limb; and a tumour of the size of a small hen's egg was discovered in the ham. The non-aneurismal nature of this swelling was demonstrated by the absence of *bruit*, and by the fact that, though there was a strong pulsation which disappeared when the femoral vessel was compressed, yet this cessation of impulse was unattended by any diminution in the size of the tumour. A collateral circulation was gradually established in the affected limb, and the popliteal tumour, at the same time, disappeared. After death, an obstruction was found at the lower termination of the popliteal artery.

Mr. WHITE detailed the particulars of a fatal case of Cerebral Hæmorrhage occurring in a middle-aged man. He was admitted to hospital suffering from extreme epistaxis—a symptom which was with difficulty controlled by plugging. Shortly after, he fell down in a fit, at first of a convulsive character; and from this he never rallied. His pupils remained much contracted up to the time of his death: he was completely paralysed, and his breathing was of a tracheal or bronchial nature. On *post mortem* examination, a large quantity of blood was found effused into the substance of the pons Varolii, into the fourth ventricle, and into the neighbouring portion of the cerebellum.

Dr. BENNETT presented an interesting example of Fatty Degeneration of the Heart, the patient being a woman about 24 years of age. During life, many of the symptoms of mitral valve disease were present, but the only physical signs to be noticed were visible pulsation of the jugular veins, and, at times, a soft murmur, most audible over the

right apex. After death, all the valves of the heart were determined to be healthy. Neither hypertrophy nor dilatation of any of the cardiac chambers was present. The left ventricle was, however, evidently buff-coloured, and the endocardial surface, as also that of the right ventricle, showed a peculiar streaked marking. This appearance was explained by a careful microscopical examination of the muscular structures. The internal layers of the muscular wall were found to consist of mere fibrous tissue; then came a stratum in which the fatty degenerative process was still in action, while the most external layers were for the most part healthy. The deposition of fat had plainly occurred within the sarcolemma of the muscular fibres. The existence of the murmur heard during life was probably due to regurgitation through the tricuspid and mitral openings, a mechanical phenomenon depending on the degenerate condition of the musculi papillares of the valves in question.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 11th; and, when eligible, will be admitted to the pass examination:—

Messrs. G. Wilson Burn, R. E. Wormald Brewer, John Adams, and W. Allison Dunn (Students of St. Bartholomew's Hospital); Henry J. Benham, Arthur P. Turnell, C. Lamb Taylor, and Edward R. Spencer (of University College); William A. Brailey, Charles H. Augustus Stone, and G. J. Llewellyn (of Guy's Hospital); E. Lawson Smithard, Hugh P. J. Price, and Robert E. Hammond (of the Manchester School); F. G. Morris Brittin and Charles J. W. Stocker (of the London Hospital); William H. Hepworth and George Wilkins (of the Toronto School); W. Harrison Woodburn and Lewis Evans (of the Glasgow School); John Lewtas and E. J. Montague Phillips (of the Liverpool School); Russick Laul Dutt (of Calcutta and University College); Gopal Chunder Roy (of Calcutta); E. Spurr Frost (of Pennsylvania); Ezekiel Rouse (of the Edinburgh School); Samuel Wilson (of the Newcastle School); J. Hanbury Bonser (of St. Thomas's Hospital); R. Hall Woodhouse (of the Middlesex Hospital); and C. D. Bowditch Hale (of St. George's Hospital).

The following gentlemen passed on April 12th:—

Messrs. H. Ward Stuart, Thomas Dawson, George W. Graham, J. Ireland Bowes, and E. C. Rogers (Students of Guy's Hospital); W. Binns Pilkington, Alfred R. Lee, W. Eugene Jay, Leon M. Finzi, and Arthur E. Davies (of University College); J. J. Eardley Willmott, Amiraux Godfray, Clement F. F. Murrell, J. Delpratt Harris, and Gerald C. Parnell (of St. Bartholomew's Hospital); John W. Taylor, Henry Parkhouse, G. E. C. Jackson, and C. P. D. Chittenden (of the Charing Cross Hospital); James G. Thrupp, and W. Wilson Collart (of St. George's Hospital); George J. Scale and E. Knox Davies (of the Middlesex Hospital); M. Barroby Ryott and F. Parlett Ransom (of King's College); J. Howell Thomas (of the London Hospital); and James Jackson (of St. Thomas's Hospital).

The following gentlemen passed on April 13th:—

Messrs. B. Harvey Williams, H. Marmaduke Langdale, D. M. B. Wheeler, Walter E. Hacon, J. McDougall Tudge, and Frederick F. Maisey (Students of Guy's Hospital); Herbert Taylor, Alfred Baldock, Sidney T. Steele, and R. Maxwell Boodle (of St. Bartholomew's Hospital); Robert Withers, P. Wakeham Halmested, and H. Oakley Chislett (of the London Hospital); Thomas J. Jeakes, George J. Eady, and Joseph H. Philpot (of King's College); Gilbert W. Northey, John W. Measures, and H. Mansell Maybury (of St. Thomas's Hospital); Arthur Curtis and Arthur Blackburn (of University College); George Middlemiss and Henry W. Jones (of the Glasgow School); James Lidderdale (of St. Mary's Hospital); E. Wyndham Cottle (of St. George's Hospital); and Joseph Bellingham (of the Birmingham School).

It is stated that 26 candidates, out of the 109 examined, failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their anatomical and physiological studies for three months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 7th, 1870.

Cable, George Hughes, Poole, Dorset
Gravel, David Lloyd, Ruthin, North Wales
Harvey, Thomas, Stonehouse, Devon
Perkins, Charles Edward Steele, Exeter
Ray, William Joseph Richard, West Square, Southwark
Roper, William Robert, Cambridge

The following gentlemen also on the same day passed their first professional examination.

Atkinson, John Charles, King's College
Wagstaff, Thomas Henry, Middlesex Hospital
White, Edmund, St. Mary's Hospital

As an Assistant in compounding and dispensing medicines.
Squire, Frank Robert, Horncastle

MEDICAL VACANCIES.

THE following vacancies are declared:—

BALLINASLOE UNION, co. Galway—Medical Officer for the Kiltormer Dispensary District, 29th; Medical Officer for the Killan Dispensary District, May 9th.

BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon: applications, 16th.
 CARNARVONSHIRE AND ANGLESEY INFIRMARY, Bangor—House-Surgeon: applications, 20th.
 DERBYSHIRE GENERAL INFIRMARY, Derby—Surgeon: applications, 18th; election, 25th.
 DUDLEY DISPENSARY—Visiting Surgeon.
 EARLSWOOD ASYLUM FOR IDIOTS—Assistant Medical Officer: applications, 28th.
 GLASGOW OPHTHALMIC INSTITUTION—Two Assistant Surgeons: applications, 25th.
 GUESTLING, PETT, and FAIRLIGHT, Sussex—Medical Attendant for the families of poor labouring men in parishes of, under the Bradshaw Charity: duties, May 1st.
 HONITON UNION, Devon—Medical Officer for District No. 4.
 KENSINGTON DISPENSARY—Resident Medical Officer: applications, 16th.
 LONDON FEVER HOSPITAL—Assistant Physician: applications, May 6th.
 MIDDLESEX LUNATIC ASYLUM, Hanwell—Additional Assistant Medical Officer: applications, 21st.
 NEWCASTLE-UPON-TYNE INFIRMARY—Junior House-Surgeon: applications, April 20th; election, May 5th.
 NORTH LONDON CONSUMPTION HOSPITAL—Physician: applications, 18th.
 NORTH RIDING OF YORKSHIRE INFIRMARY, Middlesborough-on-Tees—Two Surgeons.
 OUGHTERARD UNION, co. Galway—Medical Officer for the Clonbron Dispensary District, 26th.
 PARSONSTOWN UNION, King's County—Medical Officer for the Kennitty Dispensary District: applications, 25th; election, 26th.
 PLOMESGATE UNION, Suffolk—Medical Officer for the Saxmundham District: applications, 16th; election, 18th.
 RETFORD (Nottinghamshire) GENERAL DISPENSARY—House-Surgeon and Apothecary: applications, May 1st; election, early in May; duties, end of June.
 ST. PANCRAS AND NORTHERN DISPENSARY, Euston Road—Physician: applications, 30th.
 SUNDERLAND GENERAL INFIRMARY—House-Surgeon.
 TEIGNMOUTH, DAWLISH, and NEWTON INFIRMARY and DISPENSARY—applications, 18th.
 TRALEE UNION, co. Kerry—Medical Officer for the Ardferd Dispensary District: 20th.
 WESTPORT UNION, co. Mayo—Medical Officer for the Bundoragher and Errif Dispensary District.
 WEST LONDON HOSPITAL, Hammersmith—House Surgeon: applications, 20th.
 WORCESTER COUNTY AND CITY LUNATIC ASYLUM, Powick—Assistant Medical Officer: applications, 16th.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*SHUTTLEWORTH, G. E., M.D., appointed Medical Superintendent of the Royal Albert Asylum for Idiots and Imbeciles at Lancaster.
 *WILTSHIRE, Alfred, M.D., appointed Physician to the Samaritan Free Hospital.

BIRTHS.

COLLUM.—On April 1st, at Croy, Surbiton, the wife of R. Collum, M.D., of a son.
 GRANT.—On March 31st, at Westbury-on-Severn, the wife of Henry S. Grant, Esq., Surgeon, of a son, stillborn.
 PAUL.—On April 1st, at Burton Crescent, the wife of James T. Paul, L.R.C.P.Ed., of a daughter, stillborn.
 PAYNE.—On April 4th, at Wimbledon, the wife of C. H. Payne, M.D., of a son.
 PENNELL.—On April 4th, at Powis Square, Kensington Park, the wife of John W. C. Pennell, M.B., of a daughter.

DEATHS.

ALLINSON, William W., Esq., Surgeon, at Woolwich, aged 37, on April 3rd.
 BURTON, William W. C., Esq., Surgeon, at Loch Carron, Ross-shire, aged 37, on March 26th.
 *EDMONDS, John, Esq., Surgeon, of Chirk, Denbighshire, at Cloughton, Birkenhead, aged 40, on April 2nd.
 GRAYLING.—On April 3rd, at Forest Hill, aged 13, George, second son of George Grayling, M.D.
 *MERRIMAN, Charles A., Esq., Surgeon, at Knutsford, aged 55, on March 30th.
 RAYNER.—On March 30th, at Swaledale House, Highbury New Park, Frances Sarah, wife of John Rayner, M.D.

THE EAST LONDON HOSPITAL FOR CHILDREN.—A fancy bazaar will be held, under distinguished patronage, on the 13th and 14th of June, at the Hanover Square Rooms, in aid of the Building Fund of the East London Hospital for Children.

MR. BAXTER LANGLEY.—The University of Philadelphia has conferred on Mr. Baxter Langley the honorary degree of LL.D., in appreciation of the value of his volume entitled *Via Medica*.

CASE OF CÆSAREAN SECTION.—The operation of Cæsarean section was performed at the London Hospital, on Tuesday last, by Dr. Head. The patient was a married woman, whose pelvis was greatly deformed by osteomalacia and a large osteoid growth. She had, on a former occasion, been delivered by craniotomy, and her deformity had since increased. Dr. Head extracted, on Tuesday, a living child at nearly full time. The mother unfortunately sank next day. We shall give details next week.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.
 WEDNESDAY..St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.
 THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
 SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M.
 TUESDAY.—Pathological Society of London, 8 P.M. The following specimens will be exhibited:—Dr. Kelly, "Malformed Heart—Mitral Disease"; Dr. C. T. Williams, "Disease of Mitral and Aortic Valves"; Dr. Cayley, "Kidney from Case of Scarlatal Dropsy without Albuminuria"; Dr. Fagge, "Abscess of Liver—Cancer of Kidney—Varix of Pulmonary Vein"; Dr. Peacock, "Aneurisms of Aorta—Perforation of Appendix Vermiformis"; Dr. J. T. Dickson, "Brittle Bones in a Subject of General Paralysis"; Dr. Morell Mackenzie, "Aneurisms of Aorta involving Recurrent and Laryngeal Nerve"; Mr. C. Heath, "Aneurism for which the Carotid and Subclavian Arteries had been Ligatured"; Mr. Maunder, "Larynx after Croup—Myeloid Tumour of Jaw"; Mr. Fairlie Clarke, "Opacity of the Cornea."—Anthropological Society.
 THURSDAY.—Harveian Society of London, 8 P.M. Dr. W. H. Day, "Introductory Remarks on the Study of Children's Diseases."—Linnæan Society.—Chemical Society.—Royal Society.
 FRIDAY.—Clinical Society, 8.30 P.M. Dr. Anstie, "Cases of Local Paralysis treated by Electricity"; Dr. Buzzard, "Case of supposed Lepa Anæsthetica"; Report upon Dr. Buzzard's case by Dr. Hilton Fagge and Mr. Callender; Mr. T. Smith "Idiopathic Necrosis of Skull"; Mr. Kesteven, "Case of Epileptiform Stupor treated by Bromide of Potassium."

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the Editor, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE SINS OF CHLOROFORM.—A recent Boston paper relates the case of two ladies who were found lying in an unconscious state on the ground, having been robbed of all their jewellery. "They were," says the paper, "evidently drugged with chloroform." The *Boston Medical and Surgical Journal*, noticing the absurdity of this assumption, says that houses are now and then reported to have been entered and robbed, the inmates being rendered insensible by chloroform—and yet no one seems to remember the occurrence or the smell of the drug; and further, that the air in a store is said to be so impregnated with chloroform, that pockets are picked—the victims neither seeing the thieves nor smelling the chloroform! Our contemporary rightly asks: "Can chloroform be deodorised? Can the subject be put under its influence without knowing it?"

HALLUCINATION OR CRIME?

SIR,—As a companion to the case published under the above heading in the JOURNAL of March 26th, I offer you the following. I give the facts entirely from memory; but, although scanty, they are accurate as far as they go.
 Birmingham, March 28th, 1870. I am, etc., WILLIAM DATE.

About nine years ago, I was called one evening to attend a young man about 18 years of age. He belonged to a quiet respectable family. He was thin, and of nervous temperament. I found him in a state of violent excitement, held down by several strong persons, whom he managed occasionally to shake off. He had been smashing the furniture, and threatened to kill any one who came near him. His face was flushed, eyes staring and bloodshot, and pulse full and bounding. His family were in great alarm and distress about him. It was pretty positively shown that he could not have been drinking. He had never had anything like a similar attack before. Mr. J. J. Horton, Surgeon, saw him with me; and, by our advice, he was at once removed to a private asylum, the medical superintendent of which confirmed our diagnosis of acute mania. He was at first put into a waiting-room while the necessary papers were being signed, and here made attempts to break the furniture. He was then put under treatment. The following day, however, he made his escape in a very crafty manner. When he returned to his friends, his manner and conduct were quite rational; and they have continued so ever since until the present time.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

THE SEWAGE COMMITTEE.

SIR,—From your list of seaside watering-places which have contributed to the British Association Committee on Sewage, you omit this town. Permit me to state that a sum for the purpose was named in our Town Council, and, at my suggestion, doubled, and voted a month ago.

The Mount, 35, Lord Street, Southport, April 11th, 1870. I am, etc., J. LANG, M.D.

INFLUENCE OF MATERNAL IMPRESSIONS ON THE FŒTUS.

SIR,—I have for some time been desirous of seeing a corrected account of a number of cases which are supposed to have had their origin in maternal impressions. If you can inform me of a work in which the connection between maternal impressions and mothers' marks is clearly pointed out in a number of cases, I shall feel obliged.

I have under my care a child which is suffering from scarlatina. On examining the child, my attention was directed to some patches which were projecting, rugose and dingy in colour, some of them being partly covered with hair—these were situated upon the front part of the left leg; surrounding the ankle of the same leg, and also extending to the under surface of the foot, was a similar rugose dusky patch, but without any hair. On examining the leg, I at once suspected that the cause of its production was some strong impression upon the mind of the mother during her pregnancy.

In reply to my inquiries, the mother informed me that, when about three months advanced in pregnancy, whilst standing upon a window-sill which was about one yard from the ground-floor, she fell, and grazed the front part of the left leg; the leg was also black, and she distinctly remembers rubbing the leg to ease the pain.

Shall we look upon the fall, etc., of the mother and the marks upon the child, as merely a remarkable coincidence? or shall we place them in the relative position of cause and effect? If the latter, let us ask what portion of the brain is affected by fright or sudden mental shock, and what physiological explanation can be afforded of its influence upon the impregnated uterus, ovaries, etc.? What influence would partial removal of the brain—say in pigeons—have in modifying the development of the ovum?

Dewsbury, March 1870.

I am, etc., C. A. HEMINGWAY.

"A MEDICAL VIEW OF THE BOAT RACE."

SIR,—Seeing in to-day's *Daily News* a paragraph taken from your JOURNAL concerning the crushing on the different bridges and at other places on the return from the boat race, I cannot refrain from adding my testimony in corroboration of your correspondent as to the utter uselessness of the police, both mounted and foot, in the crush on Hammersmith Bridge. They were of no more use than so many dummies; and, during the whole of the time I was crossing the bridge (nearly three-quarters of an hour), I did not hear one of them speak (excepting when crushed); nor did I see one of them attempt to restrain the crowd, or help a single woman or child in the extremely dangerous position in which they were placed. Instead of so doing, they actually took shelter behind carriages, omnibuses, and cabs. I am certain there must have been many persons more or less seriously injured; for, although I got over as well as any one, I felt the effects of the crushing all the next day. I can only say, I would not cross the bridge again under similar circumstances for fifty pounds. There was a large body of police present, apparently only to be looked at; but certainly not admired by, sir.

London, April 9th, 1870.

Yours, etc., SORE RIBS.

BEST TOBACCO.—A correspondent assures us, that not only do the kinds of tobacco differ much, but that the articles sold under the same name at different shops often vary greatly. He defends the use of a good article, in moderation; but records his experience to the effect that, by too free use of it, he has sometimes brought on great unsteadiness of hand, etc. He thinks that it increases his languor in hot summer weather, and agrees best in winter.

THE LATE DR. F. W. GIBSON.

SIR,—My letter, which you were so good as to publish in the JOURNAL of March 5th, and on which Dr. Edmunds has commented in this day's number, was occasioned by a speech from that gentleman before Mr. Commissioner Berc, at the recent St. Pancras Investigation, as reported in the *Times* of January 28th. Dr. Edmunds will hardly venture, I think, to stigmatise that report as one of the "silly falsifications of newspapers."

After dwelling on other topics, he is reported to have said: "During six months of the time Dr. Ellis had been Medical Officer of the Infirmary, there had been two thousand more patients in the Infirmary than during the corresponding six months that Dr. Gibson was medical officer; while the aggregate number of deaths was the same. This showed either that the cases were more trivial in the latter than the former period, or that the alleged over-crowding was beneficial." Mr. Berc here interposed a query: "Might it not show that Dr. Ellis was the better medical officer?"

Dr. Edmunds states that the Commissioner's remark was understood by every one as a "mere joke"; and he is sorry that I undertook the "needless task of vindicating Dr. Gibson's memory." But outsiders, who had no means of testing his statistics, and might not be aware how elastic are such data, would be not unlikely to take the Commissioner's suggestion literally, and conclude that, if Dr. Gibson's death-rate were relatively so largely in excess, he could not have been an efficient officer. It was to remove this unmerited blot on the fair fame of my lamented relative that I took pains to ascertain, from a trustworthy source, the real state of the case, as mentioned in my former letter. It was obvious indeed that Dr. Edmunds must have made a grave mistake, as it was simply impossible that two thousand additional patients could have been received into the Infirmary during Dr. Ellis's six months of office. Dr. Edmunds himself now admits his error, and tells a different story. He says: "Other returns demonstrate that the over-crowding of the Infirmary was due, not to the severity of the cases, not to increased numbers admitted, but to a systematic diminution of the discharges."

I do not see how the name of my informant can interest your readers. The information cannot be gained; and it has enabled me to elicit the truth, so far as it concerns Dr. Gibson.

Bristol, April 2nd, 1870.

I am, etc., W. F. MORGAN.

EXPOSURE OF WOMEN IN CLASSES.—The *New York Medical Gazette* strongly disapproves of the practice, apparently a common one in American medical schools, of exposing women before a large class for the purpose of instruction. We quite agree that much more would be learnt by small classes frequently held, and the patient would suffer far less.

ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.

SIR.—My colleague Dr. Wynn Williams, in his letter published in the JOURNAL of March 19th, has referred to my having wrongly reported his original experiments with bromine, as he never used glycerine with that agent. I do not doubt the honesty of Dr. Williams's convictions, but I assuredly so understood him. My first experiments, suggested by Dr. Williams, were certainly made with glycerine and bromine, and stated as failures in my paper on Epithelial Cancer in the *Obstetrical Transactions*, 1867, page 297. If I did misinterpret him, I regret it; but it is human to err.

This, however, is a small matter. But Dr. Williams states I forestalled him by that paper. It would have been more accurate to say that Landolfi and the French Commission in 1855 forestalled us both in 1867. In my erring humanity again, I gave Dr. Williams the credit of the discovery of using bromine in cancer. In one respect, however, I must admit I did forestall him. Every man has a right to test any mode of practice recommended to him; and, in doing so, to publish his own cases. Now, Dr. Williams cannot have forgotten that, when questioned the same night my paper was read by Dr. Palfrey, he did not adduce a single case in reply, spoke only in general terms, and thanked me for my paper and cases.

But Dr. Williams has given me another rap on the knuckles. He asks what practical difference in improvement is suggested by my late paper published in the JOURNAL, which his own pamphlet on Cancer, published in 1868, did not give. Now, although I might say a good deal on that paper, I will try to answer his question very succinctly. Dr. Williams's pamphlet is equivalent to a lecture, as the subject is a large one (ably epitomised, no doubt). His own, and the opinions of others (not, however, accredited by their names), are stated theoretically. True, Landolfi's method is referred to, but in terms rather of slight. Dr. Broadbent's method is also referred to, but to share in the credit due to him. With Dr. Williams's large views, details of cases were necessarily omitted. Now, I do mention cases in my papers. Here is an important practical difference. Secondly, in Dr. Williams's highly suggestive pamphlet, the names of authors whose views are referred to are omitted. That of the very colleague, myself, whose experiments in 1867 and 1868 he saw, and to whom he kindly shewed his cases, so that both might profit by each other's experience, is excluded. Now, I did mention authors whose views I quoted, Dr. Williams's in particular. I respectfully suggest that my paper was an improvement, because more courteous.

I am, etc.,

C. H. F. ROUTH, M.D.

52, Montagu Square, March 22nd, 1870.

A DIFFICULT CASE.

SIR.—Mr. — some time since presented himself to me for examination and advice. He is 43 years of age, well developed and muscular, of very abstemious habits, and ordinarily in the enjoyment of good health. He has never had syphilis or gonorrhoea. He is married, and has a family of five children. The history of his ailment is as follows.

Two years ago, he noticed a small callosity in the left corpus cavernosum of the penis, about two inches below the corona glandis. This gave him no uneasiness in general, but produced a sense of uneasiness and constriction at times of erection. It went on gradually but slowly increasing in extent and discomfort, until it involved both corpora cavernosa and the corpus spongiosum.

On examination, there is a well defined ring of hardness surrounding the penis at the part where the callosity was first observed. The stream of urine is beginning to be impeded, and is small and forked. As if there had been exudation of organisable lymph into the intertrabecular spaces at one point, the distal circulation of the organ is hindered, and there is very little erectile faculty beyond the point of constriction. When the penis is erect, there is a well marked circle of depression at the thickened part, and the anterior third is soft and flaccid.

There is no predisposition to gout; but several of the family, in common with my patient, have been subject to an unexplainable contraction of the palmar fascia, hampering and contracting some of the fingers. That this last is not attributable to their handicraft (shoe-making), is plain, from the fact that two sisters are also affected in the same way.

He has been taking iodide of potassium, applying locally the iodide of lead ointment, and passing a bougie occasionally, without the slightest benefit.

Can any of your readers suggest a remedy for so strange and annoying a malady?

April 1870.

I am, etc.,

THOMAS Q. COUCH, M.R.C.S., etc.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Feb. 23rd; The New York Medical Gazette, March 26th; The Parochial Critic, April 13th; The New York Medical Record, March 29th; The Boston Medical and Surgical Journal, March 26th; The Madras Mail, Feb. 1st; The Gardeners' Chronicle, April 9th; The Bristol Daily Post, April 5th; The Croydon Chronicle, April 9th; etc.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. J. C. Skinner, Tunstall; A Member; Dr. Shaw, London; Mr. J. De Courcy Young, Liverpool; Mr. D. H. Monckton, Rugeley; Dr. Oppert, London; Mr. Thomas Flower, Guildford; Mr. Cordy Burrows, Brighton; Mr. W. R. Cheyne, London; Mr. Maclean, Glasgow; Mr. Whitfield, London; etc.

LETTERS, ETC. (with enclosures) from:—

Dr. Andrew Clark, London; Dr. James Russell, Birmingham; Dr. Shaw, London; Dr. George Johnson, London; Dr. Alfred Walker, London; Dr. Joseph Bell, Edinburgh; The Secretary of the Obstetrical Society; P. L.; Dr. J. Rogers, London; Sore Ribs; One of the Public; Dr. G. M. Humphry, Cambridge; Dr. J. Moore, Dublin; Messrs. Savory and Moore, London; Mr. T. Watkin Williams, Birmingham; Messrs. Coxeter and Son, London; Mr. B. Blower, Liverpool; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. T. W. Thursfield, Leamington; The House-Surgeon of St. George's Hospital; The Secretary of Pathological Society; The Secretary of the Harveian Society; Mr. W. H. Morris, Darlington; The Junior House-Surgeon of the Preston and County of Lancaster Royal Infirmary; Dr. F. P. Atkinson, London; The Secretary of the Clinical Society; The Secretary of the Royal Medical and Chirurgical Society; Mr. T. J. Sabine, Brighton; Mr. J. A. Nunneley, Leeds; Dr. F. J. Brown, Rochester; Mr. Heckford, London; Mr. Heaton, Leeds; Mr. W. C. Worley, London; etc.